

**INSTRUCTIONS  
MERIT SELECTION PANEL QUESTIONNAIRE  
FOR PERSONS BEING CONSIDERED FOR  
POSITION OF BANKRUPTCY JUDGE  
IN THE EIGHTH CIRCUIT**

All questions must be answered fully. If a question or section is not applicable, please so state. If more space is required, use the "Separate Attachment Form." Please type or print. Complete citations for all cases and articles or texts must be given. It will assist the panel if photocopies of opinions and articles accompany the application. Please give full names and current office addresses and phone numbers (or residence, if no office) for all judicial, professional, personal or other references.

All written inquiries should be directed to Millie B. Adams, Circuit Executive's Office, at the address below. If you wish to obtain a copy of this application via e-mail, please contact the Circuit Executive's Office at [CE8employment@ca8.uscourts.gov](mailto:CE8employment@ca8.uscourts.gov).

Please be sure you have completed the Questionnaire in its entirety; sign the application and all waivers, and return an original and ten hard copies to:

Office of the Circuit Executive  
Thomas F. Eagleton United States Courthouse  
111 South 10<sup>th</sup> Street  
Suite 26.325  
St. Louis, Missouri 63102-1116

The application must be received in the Office of the Circuit Executive by **January 26, 2006.**

**APPLICATION FOR BANKRUPTCY JUDGE POSITION**  
**EIGHTH CIRCUIT**

**POSITION IN THE DISTRICT(S) OF:**

**PART A - PERSONAL BACKGROUND**

1. FULL NAME:

Other Names by which known:

Residence:

Phone:

Office:

Phone:

Residences past five years, with dates:

Birthdate:

Place:

Marital Status:

Spouse's Name:

Number of Children:

Ages:

2. Are you related, by blood or marriage, to a judge of the United States Court of Appeals for the Eighth Circuit or a judge of any United States District Court?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, supply details:

3. Have you served in the U.S. or other military service? Yes \_\_\_\_\_ No

Branch of service:

Dates:

Type of Discharge:

Date:

4. Have you ever been convicted of a felony or a misdemeanor (excluding minor traffic offenses)? Yes \_\_\_\_\_ No

If yes, state the facts and circumstances fully including date, court and disposition.

5. Describe any civic, philanthropic, community, social or public service activities participated in during the past five years, including any posts or offices held, and honors or awards received.

6. If you are appointed, how will the salary of the office compare to your recent annual income?

Substantially More ☐

Substantially Less ☐

Comparable ☐

7. Please state why you personally feel qualified to hold the office. Include any special professional, occupational or other experience you have had which you feel should be considered by the panel in its evaluation.

8. What is your general state of health?

When was your last general physical examination?

What were the results?

Doctor's Name:

Have you in the last ten years

(a) been hospitalized due to injury or illness?  
Yes \_\_\_\_\_ No

or (b) been prevented from working due to injury or illness, or otherwise  
incapacitated for a period in excess of ten days?  
Yes \_\_\_\_\_ No

If you answered yes to one or both questions (a), (b) listed above, please state particulars, including the causes, dates, place of confinement, name and address of attending physicians, and the present status of the condition which caused the confinement or incapacitation.

Do you suffer from any impairment of eyesight or hearing or any other physical handicap? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details below.

Are you currently under treatment for an illness or physical condition?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details below.

Have you ever been treated for or had any problem with alcoholism or any related condition, or any other form of drug addiction or dependency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details below.

Have you ever been treated for or suffered from any form of mental illness?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state details below.

**NOTE:** All candidates must complete, sign and return the physician's authorization and waiver form. A signed copy must be sent to your regular or family physician and the physician listed in Question 8 herein, if different. You may photocopy the form.

## **PART B - EDUCATIONAL BACKGROUND**

9. **High School:**

NAME

DATE

DEGREE

**College: (Include nonlegal graduate work.)**

NAME

DATE

DEGREE

(In addition to the above information, describe any honors or awards received.)

**Law School:**

NAME

DATE

DEGREE

CLASS RANK

(In addition to the above information, describe any honors, awards, law review, other activities or achievements, and class standing.)

10. Describe any other formal education or courses other than primary and legal.

11. List all seminars, symposiums, lectures, or legal meetings in the nature of continuing legal education which you have attended in the past five years, stating as to each: date, place, sponsoring organization, subject(s).

List all those in which you have participated as speaker, lecturer, panelist, etc., identifying your role and subject(s) or topic(s).

12. If you have ever taught or lectured at a law school, please state the school(s); date(s); subject(s); your title, status or role.

13. Describe any nonlegal teaching or lecturing you have done.

**PART C - PROFESSIONAL AND OCCUPATIONAL BACKGROUND**

14. Name all states, courts, and administrative agencies or tribunals before which you have been admitted to practice, dates admitted; state whether you are currently admitted and whether you actively practice there now. Do not include special admission for a particular case.

<u>STATE</u>	<u>COURT, AGENCY, ETC.</u>	<u>ADMISSION</u>	<u>CURRENT?</u>	<u>ACTIVE?</u>
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15. Do you actively practice law in any other state? Yes \_\_\_\_\_ No  
If yes, describe extent and nature of practice.
16. List articles, treatises, text or handbook chapters on legal matter which you have had published, giving the complete citation, including publisher, date, title, and subject matter. List names, current office addresses and phone numbers of any person(s) who coauthored, collaborated or assisted you in the writing or research. Please enclose copies, excepting texts and chapters. If you have written extensively, submit only several representative selections.
17. Bar Associations and Activities.
- List all national, state, local, specialty, honorary and other bar associations or legal societies of which you have been a member. List each committee membership and other activity; offices held; whether you are now a member in good standing, and, if not, why.
18. List any judicial or quasijudicial office you have held. Do not include present judicial

office.

<u>OFFICE</u>	<u>LOCATION</u>	<u>PERIOD OF SERVICE</u>	<u>FULL OR PART-TIME</u>
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19. List any elective public office you have ever held (other than judicial or quasijudicial).

<u>OFFICE</u>	<u>LOCATION</u>	<u>PERIOD OF SERVICE</u>
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20. List any appointive public office you have ever held, other than judicial or quasi judicial.

<u>OFFICE</u>	<u>LOCATION</u>	<u>DUTIES</u>	<u>DATE</u>	<u>FULL OR PART-TIME</u>
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21. List any elective public office for which you were an unsuccessful candidate.

OFFICE

LOCATION

DATE

22. Current professional practice or occupational status, whether law-related or not.

Describe your title, position, duties or type of practice, and inception date. List names, current addresses and phone numbers of partners, associates or persons with whom you share office.

23. Prior legal or law-related professional status.

Give a brief history of your legal career in inverse chronological order. Begin with the most recent experience prior to your present status.

<u>PERIOD</u> By Years	<u>PLACE</u> City, County State	<u>STATUS</u> Sole Practice partner, associate office sharer	<u>TYPE OF PRACTICE</u> Probate, general ins. etc.
1.			
2.			
3.			
4.			
5.			

List the names and current office phone numbers of partners, office sharers, etc. for the same periods stated.

<u>PERIOD</u> By Years	<u>NAME OF LAWYER</u>	<u>STATUS OF LAWYER</u> Partner, associate, office sharer	<u>ADDRESS</u>	<u>PHONE</u>
1.				
2.				
3.				
4.				
5.				

24. Indicate the approximate percentage of your time in the past five years devoted to the following types of practice. (Note: Litigation includes, in addition to actual time in court or tribunal, preparation therefor. "Court" indicates federal and state judicial system; "Trib" indicates quasijudicial bodies, e.g. Industrial Commission, NLRB hearings, etc. "Non-Lit." indicates practice not involving litigation.)

<u>TYPE OF PRACTICE</u>	<u>LITIGATION</u>		<u>NON-LITIGATION %</u>
	<u>COURT %</u>	<u>TRIB %</u>	
Anti-trust & Trade Regulation			
Bankruptcy			
Chancery (Matrimonial)			
Chancery (Other)			
Corporate and Securities			
Criminal			
Environmental			
Labor Relations			
Patent			
Probate and Estate Planning			
Real Estate			
State and Local Government			
Tax (Federal)			
Tax (State, Local)			
Tort (Personal Injury)			
Tort (P.D., Subrogation)			
Worker's Compensation			
Pro Bono or Public Service			

Other

25. Jury trial experience in past five years:

**As Trial Counsel:**

Number of jury cases to verdict: Civil \_\_\_\_\_ Criminal

Number of jury cases started but  
which did not go to verdict: Civil \_\_\_\_\_ Criminal

**As Preparation Counsel:**

Number of jury cases commenced: Civil \_\_\_\_\_ Criminal

26. Nonjury trial experience in past five years:

Number of contested nonjury  
cases commenced: Civil \_\_\_\_\_ Criminal

Number of noncontested cases  
involving court appearances in the past five years:

27. Appellate Practice

Number of cases personally handled by you as principal counsel on appeal:

Number of cases orally argued:

List the five most recent cases personally argued by you.

CASE NAME

CITATION

YEAR

**\*\*A copy of the opinion should be attached to each copy of the application.**

Number of cases on appeal handled in part by you:

List the five most recent. Indicate with a “B” if you appeared on the brief.

<u>CASE NAME</u>	<u>CITATION</u>	<u>YEAR</u>	<u>B</u>
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\*\*A copy of the opinion should be attached to each copy of the application.

28. Nonlaw-Related. Professional and Occupational Background.

List all professional or occupational licenses (other than law) which you have ever held. If license is still current, indicate with a “C”.

<u>LICENSE</u>	<u>ISSUING AUTHORITY</u>	<u>DATE</u>	<u>C</u>
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If any such license has ever been revoked or suspended or if your conduct has been the subject of other discipline or complaint to the licensing authority or its disciplinary body, state fully the facts and circumstances and the disposition. If you have nothing to report check here.

Describe fully all nonlaw-related professions or occupations pursued since your first admission to the bar, giving dates, company names, duties, reasons for leaving, etc.

**PART D - PROFESSIONAL AND PERSONAL CONDUCT**

29. Has your license or right to practice before or in any state, court agency, or other tribunal ever been denied, revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state the facts and circumstances fully.

Have you ever been formally censured, adjudged, or held in contempt or otherwise disciplined by any judge, court, agency or tribunal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state the facts and circumstances fully.



Has your professional conduct or ability been the subject of comment, favorable or unfavorable, in a written opinion of any judge, court, or other tribunal?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy of the opinion and state any facts and circumstances you feel appropriate.

30. Have you been the subject of any complaint filed with or made to any attorney disciplinary body? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state fully the facts and circumstances and the disposition of the matter.

Have you ever been the subject of any complaint filed with or made to any similar authority of any other court or state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state fully the facts and circumstances and the disposition of the matter.

31. Have you ever been the subject of any complaint filed with or made to any bar association or committee thereof? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state fully the facts and circumstances and the disposition of the matter.

32. Have you ever sued or been sued by a client? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state fully the facts and circumstances; the court and case number; names, addresses and phone numbers of your attorney and all other counsel; and the disposition of the matter.
33. Have you ever been a party to or otherwise personally involved (other than as counsel and as defined in Question 32 above) in any litigation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state the court, case number and style, the nature of the case and the circumstances of your involvement, the names and current phone numbers of your attorney and of any attorney representing an interest adverse to yours, and the disposition.
34. With respect to judicial services, if any:
- Have you participated in any proceeding in which you had stock or other financial interest in one of the parties or in the matter in controversy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details below.

To your knowledge, have you ever failed to comply with applicable statutes and the code of judicial conduct relative to such matters in force and applicable at that time.

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details below.

Have you ever received compensation from outside sources for legal or other services rendered while holding judicial office, including lectures and teaching (fees or expenses)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details below.

35. Have you been the subject of favorable, unfavorable or other comment in the media?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars.

36. Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars.

**NOTE: All candidates must complete, sign and return the authorization forms relating to disciplinary and grievance matters.**

### **PART E - PERSONAL AND JUDICIAL REFERENCES**

37. State the names and current phone numbers of at least five, but no more than ten, persons (of whom at least four must be lawyers not associated with you in the practice of law or in business) as references to your character and ability; state how long each has known you. Your references must have had adequate opportunities for observing your professional and general conduct and ability. Describe the status of nonlaw references.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>PERIOD OF ACQUAINTANCE</u>
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State the names, addresses and current phone numbers of not more than five judges (of whom at least three must be active) with whom you are not and have not been associated in the practice of law or in business and before whom you have appeared recently in matters which would afford them an opportunity to observe your professional conduct and ability. If yours is a nonlitigation practice, list such judges, if any, who have had opportunity to observe you in bar association or other activities. Indicate with an "X" those before whom you have appeared in court or other judicial bodies.

<u>JUDGE</u>	<u>ADDRESS</u>	<u>COURT</u>	<u>PHONE</u>	<u>DATE AND NATURE OF MOST RECENT MATTER</u>
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## **PART F - ADVERSARY REFERENCES**

38. State names, addresses, and current phone numbers of lawyers who have represented adverse positions in matters handled by you in the past two years. There are two categories, litigation and nonlitigation. List up to twenty lawyers. Do not list the name of a lawyer more than once in either category. If you have had multiple matters with a listed lawyer, indicate that fact with an "M" following the name and supply additional matters or cases.

(a) Litigation Matters:

<u>NAME &amp; ADDRESS</u>	<u>PHONE</u>	<u>CASE NO. &amp; STYLE</u>	<u>DATE</u>
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(a) Nonlitigation Matters:

<u>NAME &amp; ADDRESS</u>	<u>PHONE</u>	<u>NATURE OF MATTER</u>	<u>DATE</u>
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39. State any other information which you believe to be relevant to the panel's review.

**NOTE: Remember to return all authorizations and attachments with your return of this questionnaire.**

I hereby certify and declare under penalty of perjury that the information contained in this application/questionnaire is to the best of my ability accurate, true and complete. I further certify that I will be willing to serve, if appointed.

\_\_\_\_\_ (Print or Type)  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Confidentiality Statement to Applicant:**

This questionnaire will be examined only by members of the Eighth Circuit Judicial Council, the Judges of the Court of Appeals, and the Merit Selection Panel. The information will be kept confidential. Names listed in your application as references, employers, colleagues, and other individuals may be contacted by the panel.

**SEPARATE ATTACHMENT FORM**

Separate attachment to:

Part

Question



### **WAIVER OF CONFIDENTIALITY**

In connection with my application for a position as a United States Bankruptcy Judge, I hereby authorize the custodian of any records or information to permit the examination or receipt of such information, whether written or oral, by the Merit Selection Panel of the U.S. Courts for the Eighth Circuit. I also authorize the Merit Selection Panel or its staff to consult with my former employers, my current employer, my professional colleagues, my references, and my physician, with regard to matters pertinent to my qualifications for such position

Name: \_\_\_\_\_ (Print or Type)

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MEDICAL AUTHORIZATION AND WAIVER

TO: \_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

In connection with my application for the position of U. S. Bankruptcy Judge in the Eighth Circuit, I hereby authorize any person designated by the Merit Selection Panel to communicate orally (including by telephone) and/or in writing with the physician named above with regard to my physical and mental condition and history, and any care, treatment and advice given me.

I further authorize and direct the physician named above to communicate to such person orally (including by telephone) such information regarding my physical and mental condition, care, treatment and advice sought by such person and to supply a written statement if requested by such person. For these purposes, I hereby waive any physician-patient privilege that may exist.

Name: \_\_\_\_\_ (Print or Type)

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE TO CANDIDATE: Please forward one signed original to physician; and return one signed original with your application/questionnaire.

## **AUTHORIZATION AND WAIVER**

In connection with my application for the position of U.S. Bankruptcy Judge in the Eighth Circuit, I hereby authorize the administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the Merit Selection Panel all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive whatever right I may have to confidentiality of the foregoing information.

Name: \_\_\_\_\_ (Print or Type)

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_